

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5		
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE07-00-D-M001			2. DELIVERY ORDER/CALL NO. 0272		3. DATE OF ORDER/CALL (YYYYMMDD) 2004MAR08		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4			
6. ISSUED BY TACOM WARREN BLDG 231 AMSTA-AQ-ALEC BRIAN CORRIGAN (586)574-8227 WARREN, MICHIGAN 48397-5000 EMAIL: CORRIGANB@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV		7. ADMINISTERED BY (If other than 6) DCMA HUNTSVILLE BIRMINGHAM GROUP BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376			CODE S0101A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR CAMBER CORPORATION 635 DISCOVERY DR NW HUNTSVILLE, AL. 35806-2801 NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			CODE OMWW4		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED		
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.								
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee KIND OF CONTRACT: System Acquisition Contracts										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA JUDITH K. BUSHA /SIGNED/ BUSHAJ@TACOM.ARMY.MIL (586)574-7041 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$626,955.42		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.								34. CHECK NUMBER				
a. DATE (YYYYMMDD)			b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0272 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM: OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES

CONTRACT: DAAE07-00-D-M001/0272 OPT YR 5

PURPOSE OF ORDER: PM BCT logistics/fielding 5424 HOURS

TOTAL AMOUNT: \$626,955.42

1. This action is Task Order number 0272 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to provide for 5424 hours pursuant to Special Provisions H.1.3. This order will provide logistics and fielding support to PM BCT.
3. This is a unilateral order for 5424 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$626,955.42. This includes \$601,788.06 cost and \$25,167.36 fixed fee.
4. The Contractor shall perform this order 0189 in accordance with the Scope of Work in Section C and Work Directive CAM-0272.
5. The period of performance is from date of award through 31 Dec 04.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	SECURITY CLASS: Unclassified				
0001AA	<div>SERVICES LINE ITEM</div> <div>NOUN: CAM-272-BCT ADDITNL LOG SPT PRON: X14GX112X1 PRON AMD: 01 ACRN: AA AMS CD: 31107180006</div> <div>NOUN: To provide logistics/fielding support to PM-BCT</div> <div>Level of Effort: 5424 hours</div> <div>WD: CAM-272</div> <div>Estimated Cost: \$601,788.06 Fixed Fee: \$ 25,167.36 Total Estimated Cost: \$626,955.42</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance INSPECTION: Destination ACCEPTANCE: Destination</div> <div>Deliveries or Performance DLVR SCH PERFORM PL REL CD QUANTITY DATE 001 0 31-DEC-2004</div> <div>\$ 626,955.42</div>				\$ 626,955.42

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0272 MOD/AMD	Page 4 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-0272 is date of award thru 31 Dec 04.

*** END OF NARRATIVE F 001 ***

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

PRON/		OBLG		JOB		
LINE	AMS CD/			ORDER	ACCOUNTING	OBLIGATED
ITEM	MIPR	ACRN	STAT	ACCOUNTING CLASSIFICATION		AMOUNT
0001AA	X14GX112X1	AA	2	21	42033000045R5R07P31107131E9 S20113	4GXP32 W56HZV \$ 626,955.42
	31107180006					
	A14P30062RX1					
						TOTAL \$ 626,955.42
SERVICE	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION		ACCOUNTING	OBLIGATED
NAME					STATION	AMOUNT
Army	AA	21	42033000045R5R07P31107131E9 S20113		W56HZV	\$ 626,955.42
						TOTAL \$ 626,955.42